CHLAMYDIA

Who Should Be Tested For Chlamydia?

- Sexually active women 25 years and younger.
- Women over 25 years with a new sex partner or more than one sex partner.
- Pregnant women.
- Women with mucopurulent cervicitis (purulent or mucopurulent cervical discharge, or easily induced cervical bleeding), pelvic inflammatory disease (PID), and/or urethral syndrome (acute dysuria and pyuria without bacteriuria).
- Sex partners of persons with chlamydial infections.
- Some women planning IUD insertion, depending on their risk.
- Men with urethritis or epididymitis.
- Young men (aged 25 years and under) seeking routine health care should be evaluated for risk factors and screened if any are identified.

How Often Should Women Be Tested?

- At least annually, even if symptoms are not present, for all sexually active women 25 years old or younger.
- Women over 25 who meet screening criteria should be tested at least annually.
- Routine test of cure is not recommended for persons treated appropriately except in pregnant women. If a nucleic acid amplification test (NAAT) is used to determine if the patient is cured, the specimen should not be collected sooner than four weeks after completion of treatment.
- All women with chlamydial infection should be rescreened for chlamydia 3-4 months after treatment, regardless of whether the women has resumed sexual activity, has had protected or unprotected intercourse, and whether or not she is confident all sex partners were treated.
- Among pregnant women, a test for chlamydia should be performed at the first prenatal visit and repeated during the third trimester for women aged <25 years and those who have a new or more than one sex partner.

Treatment

Azithromycin 1 g orally in a single dose
or
Doxycycline 100 mg orally twice a day for seven days

Alternatives are available for pregnant women and those who cannot tolerate the above.[2]

[1]U.S. Preventive Services Task Force. Screening for Chlamydial Infection: Recommendations and Rationale. Am J Prev Med. 2001;20(3S): 90-4

[2]Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. MMWR 2002;51 (No.RR-6): 32-5

Chlamydia trachomatis **Testing Guidelines**

Washington State Clinical Laboratory Advisory Council
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FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Specimen Source
Test Method
Results/Interpretation

Testing/Screening
(by specimen source)
See reverse for who should be tested and frequency

Endocervical swab Urethral swab	Urine	Rectal swab Pharyngeal swab	Conjunctival swab	Medical/legal Any source
1. NAAT, or 2. Nucleic acid hybridization, non-rapid EIA, DFA, or 3. Culture	NAAT	1. Culture with *C.trachomatis* MOMP-specific antibody, or 2. DFA with *C.trachomatis* MOMP-specific antibody	1. Culture, or 2. EIA, nucleic acid hybridization probe, DFA that is FDA-cleared for use with conjunctival specimens	Culture

All positive screening tests should be considered presumptive evidence of infection.
NOTE: Culture does not need confirmation if a MOMP-specific stain is used.

Consider routinely performing an additional test if the positive predictive value of the screening test is less than 90%.

Positive Nonnucleic Acid Amplification Tests (Non-NAAT) should be retested using:
- Culture, or
- Competitive probe after nucleic acid probe, or
- Blocking antibody after EIA, or
- NAAT

An additional test should be considered after a positive screening test if a false-positive screening test would result in substantial adverse medical social or psychological impact for a patient.

Positive NAAT should only be retested using another NAAT

Abbreviations:
DFA = Direct Fluorescence Antibody
EIA = Enzyme Immunoassay
MOMP = Major Outer Membrane Protein
NAAT = Nucleic Acid Amplification Test

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References
1) Centers for Disease Control and Prevention. Screening Tests to Detect Chlamydia trachomatis and Neisseria gonorrhoeae Infections - 2002. MMWR 2002; (No. RR-15): 3-37.
2) Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. MMWR 2002; 51 (No. RR-6): 5, 32-35.
3) Centers for Disease Control and Prevention. Recommendations for the Prevention and Management of Chlamydia trachomatis Infections. MMWR 1993; 42 (No. RR-12)